

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818.))		Docket Number (Optional) 22409-00107-US
Application Number 10/825,359-Conf. #8104		Filed April 16, 2004
For IMPLANTABLE DEVICE HAVING OSSEointegrating PROTUBERANCES		
Art Unit 3762	Examiner R. R. Holmes	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	<u>Small Entity Fee</u> \$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	 \$450	 \$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	 \$1020	 \$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	 \$1590	 \$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	 \$2160	 \$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,410</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
<u>/Michael Verga/</u> Signature		<u>July 2, 2007</u> Date
<u>Michael Verga</u> Typed or printed name		<u>(202) 331-7111</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: July 2, 2007

Electronic Signature for Michael Verga: /Michael Verga/